U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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	(Mars. 31)
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1. File Number U - 10084

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Richard R Mathis	Name Roofers Union Local No. 11
	Labor Organization File Number 018-962
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2656 Golf Road	Street 9838 W. Roosevelt Road
City Joliet	City Westchester
State Illinois ZIP Code + 4 60432	State Illinois ZIP Code + 4 60154
5. Position in labor organization. President	•
(except as specified in the ex	pouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organiz	or derived income or other economic benefit of ation represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any	

Signature

ZIP Code + 4

7.b. Amount.

15. Signature and verification. The undersigned declares, under penalty of Penury and other applicable penalties of the law, that all of the information	łΠ
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of	if the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	

Signed

Street

City

State

on 8-11-05

Telephone Number

P.O. Box, Bldg., Room No., if any

Name of Person Filing Richard Mathis	File Number U-	
B. Held an interest in or derived income or aconomic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (Including trade name, if any).	9. Business deals with:	
Name	a, Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such d∋aling.	
Name	:	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of intenest held or income received.	
State ZIP Code + 4	Company of the Compan	
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde	r parts A and B above)	
or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a, Nature of payment.	
Name Roofers' Union Welfare Trust Fund	International Foundation of Employee Benefit Plans 2005 Annual Conference	
Trade Name, if any:	Registration and Hotel Deposit	
P.O. Box, Bldg., Room No., if any 305		
Street 2340 River Road .		
City Des Plaines		
State Illinois ZIP Code + 4 60018-3251		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$954.00	

Name of Person Filing Richard Mathis	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest hald or income received.	
State ZIP Code + 4	;	
	,	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or parts A and B abova) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Roofers' Unions Pension Fund	International Foundation of Employee	
Trade Name, if any:	Benefit Plans 2004 Annual Conference Expense Reimbursement	
P.O. Box, Bldg., Room No., if any 305		
Street 2340 River Road		
City Des Plaines		
State Illinois ZMP Code + 4 60018-3251		
13.b. Is the Business an Employer \hat{X} or Consultant ?	14.b. Amount of payment. \$464.00	
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Name of Person Filing Richard Mathis	File Number U-	
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	C. California	
City		
State ZIP Code + 4		
10f 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	; • •	
Street	11.b. Approximate dolar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
and the community plants and the community and t	;	
	;	
	12.b. Amount	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Roofers' Unions Welfare Trust Fund	International Foundation of Employee	
Trade Name, if any:	Benefit Plans 2004 Annual Conference Expense Reimbursement	
P.O. Box, Bldg., Room No., if any		
Street 2340 River Road		
City Des Plaines		
State Illinois ZIP Code + 4 60018-325	and the second s	
-	14.b. Amount of payment.	
13.b. Is the Business an Employer X or Consultant ?	\$1,241.00	

Name of Person Filing Richard Mathis	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent. Or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust . c. Employer	
Street	, с. шириусі	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name ·		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	-	
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	:	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Roofers' Unions Pension Fund	Marco Consulting Group 2005 Annual Conference Registration and Hotel Deposit	
Trade Name, if any:	Sometimes registration and notes beposit	
P.O. Box, Bldg., Room No., if any 305	: : :	
Street 2340 River Road		
City Des Plaines		
State Illinois ZIP Code + - 60018-325		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$352.00	

File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
9. Business deals with:		
a. Labor Organization		
b. Trust		
c. Employer		
11.a. Nature of such dealing.		
11.b. Approximate dol ar value of such dealing.		
12.a. Nature of interest held or income received.		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
12.b. Amount.		
er parts A and B above) y or other thing of value.		
14.a. Nature of payment.		
Harco constructing of our		
Hotel Deposit		

Name of Person Filing Richard Mathis	File Number U-	
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organ zation	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	:	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City State ZIP Code + 4	12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Roofers' Union Pension Fund	International Foundation of Employee Benefit Plans 2005 Annual Conference Registration and Hotel Deposit	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any 305 Street 2340 River Road		
City Des Plaines State Illinois ZIP Code + 60018-3251		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$356.00	